

Who Uses Form 465:

- Recipient committees, major donor committees, and independent expenditure committees that make independent expenditures totaling \$500 or more in a calendar year to support or oppose a **single** candidate, a **single** measure, or the qualification of a **single** measure.

“Independent Expenditure” Means

An “independent expenditure” is an expenditure made in connection with a communication (e.g., a billboard, advertisement, mailing) that expressly advocates the nomination, election, or defeat of a clearly identified candidate, or the qualification, passage, or defeat of a clearly identified measure, or taken as a whole and in context, unambiguously urges a particular result in an election but which is not made to—or at the behest of—the affected candidate or committee.

IMPORTANT:

- *Form 465 is filed at the same time(s) as are the campaign statements filed by the candidate or committee supported or opposed by the independent expenditure.*
- *Form 465 is filed in your county of domicile and with the filing officer(s) that receives the campaign statements filed by the candidate or committee supported or opposed by your independent expenditure.*

- *Form 465 is required to be filed in addition to any other pre-election or semi-annual campaign statement or late independent expenditure report required to be filed.*
- *Form 465 is not required to be filed for a reporting period during which no independent expenditure has been made.*

For information on when and where to file statements, refer to the FPPC Information Manual on Campaign Disclosure Provisions (available from your filing officer or the FPPC). Also see the manual for information required to be provided to you pursuant to the Information Practices Act of 1977.

Copies of FPPC forms and informational materials are also available on the FPPC website (www.fppc.ca.gov).

This form was prepared by the Fair Political Practices Commission (FPPC).

Supplemental Independent Expenditure Report

(Government Code Section 84203.5)

SEE INSTRUCTIONS ON REVERSE

Type or print in ink.
Amounts may be rounded to whole dollars.

☐ Amendment (Explain Below)

Report covers period

from

through

Date of election if applicable:
(Month, Day, Year)

Date Stamp

SUPPLEMENTAL INDEPENDENT EXPENDITURE

CALIFORNIA FORM 465

Page of

For Official Use Only

1. Committee/Filer Information

I.D. NUMBER (If recipient committee)

COMMITTEE/FILER'S NAME

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer (If recipient committee)

NAME OF TREASURER

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

2. Name of Candidate or Measure Supported or Opposed

CHECK ONE

NAME OF CANDIDATE	OFFICE SOUGHT OR HELD		SUPPORT	OPPOSE
NAME OF BALLOT MEASURE	BALLOT NO./LETTER	JURISDICTION	SUPPORT	OPPOSE

3. Independent Expenditures Made Attach additional information on appropriately labeled continuation sheets.

CUMULATIVE TO DATE
CALENDAR YEAR
(JAN. 1 - DEC. 31)

DATE	NAME AND ADDRESS OF PAYEE	DESCRIPTION OF EXPENDITURE	AMOUNT	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)

Instructions for Supplemental Independent Expenditure Report

CALIFORNIA
FORM **465**

Period Covered by Report:

The "period covered" begins the day after the closing date of the most recent Form 465 filed related to the candidate or measure supported or opposed. If no previous Form 465 has been filed, the period begins on January 1 of the current calendar year. The period ends on the closing date for the current campaign statement being filed in connection with the election in which the candidate or measure is being voted upon.

Date of Election:

If this statement is filed in connection with expenditures to support or oppose a candidate or measure being voted upon this year, enter the date of the election.

Amendments: If you are filing an amendment to a previously filed statement, give a brief explanation of the amendment. Be sure to enter the period covered of the statement you are amending.

Committee/Filer Information:

Provide the full name, address, and telephone number of the committee or person filing this report. If the filer is a recipient committee, the identification number must be included. Please note on the form if the identification number has not yet been received from the Secretary of State's office.

If a single individual, a single entity, or a candidate is filing this statement, provide the filer's full name, street address, and telephone number where the filer can be reached during business hours. The name that the filer uses must be the name by which the filer is identified for other legal purposes or the name by which the filer is commonly known to the public.

If a recipient committee is filing this statement, provide the full name, address, and telephone number as stated on the Statement of Organization, Form 410, filed with the Secretary of State.

The treasurer must provide a permanent address and a telephone number where he/she can be reached during business hours.

Name of Candidate or Measure:

Identify the candidate supported or opposed and the office sought or held, or the name of the ballot measure supported or opposed, its number or letter, and the jurisdiction in which the measure is being voted upon.

Independent Expenditures Made:

For each independent expenditure of \$100 or more, provide the following:

Date

Enter the date of each independent expenditure. An expenditure is made on the date payment was made, or the date the goods or services were received, whichever is earlier.

Name and Address of Payee

Enter the full name, street address, city, state, and zip code of the payee or creditor. If the payee is different than the vendor (person providing goods and services), both must be fully identified.

Description of Expenditure

Provide a description of the goods or services received for the expenditure.

Amount

Enter the amount of the independent expenditure.

Cumulative to Date - Calendar Year

Enter the cumulative amount of independent expenditures made during the calendar year on behalf of the candidate or measure.

Supplemental Independent Expenditure Report

Type or print in ink.
Amounts may be rounded
to whole dollars.

SUPPLEMENTAL INDEPENDENT EXPENDITURE

Report covers period from _____ through _____	CALIFORNIA FORM 465 Page _____ of _____ I.D. NUMBER (If Recipient Com.) _____
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER _____

4. Summary

- | | |
|--|-----------------|
| 1. Total independent expenditures made of \$100 or more this period. (Part 3.) | \$ _____ |
| 2. Total independent expenditures under \$100 made this period. (Not itemized.) | \$ _____ |
| 3. Total independent expenditures made this period (Add Lines 1 + 2.) TOTAL | \$ _____ |

5. Filing Officers *Enter the name and address of each filing officer with whom the most recent campaign statements have been filed.*

1) NAME OF FILING OFFICER _____

ADDRESS _____ (NO. AND STREET)

CITY _____ STATE _____ ZIP CODE _____

2) NAME OF FILING OFFICER _____

ADDRESS _____ (NO. AND STREET)

CITY _____ STATE _____ ZIP CODE _____

3) NAME OF FILING OFFICER _____

ADDRESS _____ (NO. AND STREET)

CITY _____ STATE _____ ZIP CODE _____

4) NAME OF FILING OFFICER _____

ADDRESS _____ (NO. AND STREET)

CITY _____ STATE _____ ZIP CODE _____

6. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on _____
DATE

Executed on _____
DATE

Executed on _____
DATE

Executed on _____
DATE

By _____
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT, OR RESPONSIBLE OFFICER OF SPONSOR

By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

Instructions for Supplemental Independent Expenditure Report

CALIFORNIA
FORM **465**

Summary:

Summarize all independent expenditures as follows:

Line 1: Enter the total of all independent expenditures of \$100 or more made to support or oppose the candidate or measure this period (those expenditures itemized under Part 4).

Line 2: Enter the total of all independent expenditures under \$100 made to support or oppose the candidate or measure this period (not itemized).

Line 3: Add Lines 1 and 2 and enter the total on Line 3.

Filing Officers:

Enter the name and address of each filing officer with whom the filer of the report filed its most recent campaign statement (Form 450, 460, 461, 470).

Verification:

A campaign disclosure statement filed by an individual must be verified and signed by the individual.

A recipient committee's statement must be signed by the committee treasurer or the assistant treasurer named on the committee's Statement of Organization (Form 410). An officeholder, candidate, or state measure proponent who controls the committee must also sign the statement. If two or three officeholders, candidates, or proponents control the committee, each must sign the statement. If more than three control the committee, one may sign on behalf of the others.

Under certain circumstances, the responsible officer of a sponsoring organization must sign the statement.